

WIC Program Expansion to South Anchorage

**Prepared for
Supplemental Nutrition Program for Women, Infants, and Children
(WIC)**

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Executive Summary

This study was commissioned to inform decisions on the expansion of WIC services to South Anchorage, including the possibility establishing of a new clinic.

- As of July 2011 there were 1,384 WIC clients in South Anchorage, with the largest number of clients residing in zip codes 99502 and 99507 (61%).
- Women and children participating in Medicaid, Denali KidCare and SNAP programs also meet eligibility requirements for the WIC program. Analysis of the clients of these programs suggests that as of July 2011, there were an additional 1,333 eligible people who resided in South Anchorage but who were *not* receiving assistance through the WIC program.
- *A survey of current South Anchorage WIC program participants* was conducted to ascertain specific information on their attitudes and daily travels to determine a possible clinic location. Findings from the survey include:
 1. 77% of respondents said they would go to a clinic in South Anchorage if there was one; up to 39% reported that they would potentially need it to be near a bus stop.
 2. Over one-half (52%) of survey respondents would prefer the location of a new WIC office to be in or near the Dimond Mall. 53% of respondents said they would go to a R.V. stating it would be more convenient than other existing locations. 20% said they would not go to an RV and 26% said they did not know whether they would.
 3. Locations frequented by current South Anchorage WIC participants include:
 - a. Dimond Center Mall (30% of responses)
 - b. Fred Meyer (12%) -Fred Meyer on Abbott Road was frequented most often for purchases followed by Fred Meyer on Dimond Boulevard.
 - c. Wal-Mart on the Old Seward Highway (11%)
 - d. CARRS Safeway (10%) – CARRS Safeway on Abbott Road was frequented most often.
 4. Possible reasons for people who are eligible but not participating in the WIC program, include (as seen by those participating):
 - b. a lack of information about WIC, including thinking it is too difficult;
 - c. attitudes and stigmas associated with being a participant of an income support program;
 - d. lack of availability and access to transportation.
- *Possible options for the co-location of the WIC program* with other low income program providers in the South Anchorage area were investigated. Of these, only the Head Start South Center is solely a program serving low-income children and their families. This program operates out of a very small building and would not be able to accommodate the demands of an additional program, such as WIC. A list of other offices is found on page 34, although these businesses were not approached in the course of this research.

- *Recommendations for increasing WIC enrollment in South Anchorage include* starting with activities that are less costly and then go on to activities that require more time and funding. These activities are:
 1. Location-specific outreach –
 - A. post WIC flyers, brochures and other materials in the areas most frequented by current, and we assume potential clients of the WIC program. These locations include: Wal-Mart, Dimond Center mall, Fred Meyer and CARRS Safeway stores as well as medical facilities in South Anchorage (especially those providing services to pregnant women in the lead up to the birth of their baby).
 - B. Use display booths during special events at the Dimond Center mall, Wal-Mart and Huffman Shopping Center and grocery stores on Abbot.

Cost: Varies: Includes existing staff time (or temporary staff including training) and cost of printing brochures/flyers/letters.
 2. Learn why the eligible people don't participate –

This could be done through a survey or focus group. A social marketer could take this information and design a campaign addressing or incorporating specific elements that hinder this group from enrolling.

Cost: The cost for this recommendation would range from \$35,000 to \$40,000 for the approach to use focus groups or \$50,000 for the approach to incorporate a face-to-face survey. It is possible that the information gathered through these exercises could be used to inform strategies to increase enrollees in other areas, thereby increasing the cost effectiveness of this approach.
 3. Spread information –

This could be done by existing staff visiting other programs who serve the same or similar clientele and leaving brochures, flyers and other promotional material.

Cost: Variable. This could be done on a seasonal basis, for example in the lead up to a seasonal increase in eligible people.
- In our discussions with WIC grantees it became apparent that they are already making dedicated efforts to increase enrollment. We suggest that if grantees document their specific activities and how many new enrollees come to the program related to that activity, the most successful outreach activities can then be determined. Additionally, the cost per new client could be calculated, so in the future if and when additional funds were available, the most efficient use of those funds can be made.

Background

Alaska's Women, Infants, and Children (WIC) program served an average of 26,135 clients per month in 2008, 2009, and 2010. WIC clients receive services from local agencies, which are grantees to the State. Each grantee has one or more staffed WIC clinics across Alaska.

The State has three grantees in Anchorage: Armed Services YMCA (ASYMCA) which serves the military exclusively, Cook Inlet Tribal Council (CITC) which serves Alaska Natives primarily, and the Municipality of Anchorage (MOA). Because of overcrowding and to be responsive to the needs of their clients, WIC is assessing the possibility of expanding their services to South Anchorage. The South Anchorage boundaries are defined as Dimond Boulevard to Girdwood from north to south and Sand Lake Road to Hillside Drive from west to east (see map in Appendix A).

The State of Alaska WIC program contracted with the Institute of Social and Economic Research (ISER) to answer the following key questions:

1. What are the WIC access barriers for South Anchorage participants?
2. What locations are frequently visited by South Anchorage program participants and where do they say they would like to receive services?
3. What are the advantages and the disadvantages of alternative solutions to deliver coordinated WIC services, including the degree to which the locations meet WIC requirements?
4. What is the recommended implementation plan and budget to increase WIC participation?

The scope of work for the project was divided into four components, incorporating the questions above. The research included conducting a survey of current WIC participants which was designed primarily to provide information about the establishment of a new office in South Anchorage. This survey tool was also used to collect information on current attitudes and other behavioral patterns impacting decision making. These survey results provide a direct response to questions above as well as insight into some of other issues relevant to the delivery of the WIC program. The researchers were also cognizant of the context of social service provision in the area and provide information on other services which are accessed by people who may qualify for WIC, but not necessarily accessing the WIC service. This information can be viewed as an alternative measure of potential demand for WIC services.

The following is a summary of the structure of this report and presentation of our research findings:

Component A: Assess the WIC needs in South Anchorage: (i) identify programs currently providing services within South Anchorage to other low-income people as a measure of potential demand for WIC services in the area; (ii) identify practices and potential alternatives for increasing WIC enrollment by eligible South Anchorage residents.

In retrospect, part (ii) of Component A is more closely aligned with the issues discussed in Component C. We will move this discussion to Component C, part (i) so that it naturally follows discussion of survey results (in Component B) and then leads into the discussion on implementation plans.

Component B: Survey Results. Where South Anchorage survey respondents go during their daily activities, where they shop, and their desired location for a South Anchorage clinic.

Component C: (i) Identify practices and potential alternatives for increasing WIC enrollment in South Anchorage. (ii) Assess costs and implementation plans for selected alternatives.

Component D: Prepare a report outlining the needs, options identified by current participants, and alternative strategies for delivery of WIC services. This report fulfills the requirements of Component D.

Component A

Assess the WIC needs in South Anchorage: identify programs currently providing services within South Anchorage to other low-income people and potential WIC participants.

A.1. Demographics

So that we may first be able to understand the current context of WIC usage and service provision in South Anchorage (SA), an overview of population characteristics by zip code is a useful reference.

Zip codes, as defined by the US Census Bureau, do not correspond exactly to those of the US Postal Service. However, after examining the differences in South Anchorage, we determined that the two were close enough to be used for our examination.

Out of all WIC clients in Anchorage, roughly one-quarter live in SA. Alongside the Census data, two rows of data provided by the WIC program have been inserted: they show the number and percentage of SA residents receiving WIC in each zip code. The table below (Table 1) contains data that are available at this time from the 2010 U.S. Census. It contains the total population figures, as well as the sub-groups of interest to the WIC program. The census data provide gender, age, race, and housing information on the residents of each zip code. These data items are important as social indicators for understanding potential clients of WIC services.

Note that because of the small number of WIC participants in zip code 99540, it is not included in our analysis.

Interesting highlights from Table 1 include:

- Despite differences in the numbers of residents in different zip codes, the percentage of children is roughly the same - in four zip codes children under the age of five represent 7% of the population and in two they represent 5%.
- The percentage of women of child-bearing age follow a similar distribution pattern - with this age group representing 22% of the population in five zip codes and 13% in the other two zip codes. (see Chart 1)
- The demand for WIC services isn't in proportion to the number of residents. (See Chart 1)
- However, zip codes 99507 and 99502 have almost the same number and percentage of WIC clients even though zip code 99507 has almost one-third more residents (over 13,000) than zip code 99502. The most notable difference between the two is the relatively higher percentage (12%) of female-headed households (including those without children and those with children less than 18 years old) in zip code 99507 compared with 9% in zip code 99502 – (see Table 2); female-headed households are much more likely to be low-income and to be renters rather than home owners. This long-substantiated

situation is supported as well in the data for the number of owner-occupied and renter-occupied housing units in these zip codes. The percentage of male-headed households is fairly small (2-4%) in all zip codes.

Table 1: Characteristics of South Anchorage Residents by Zip Code

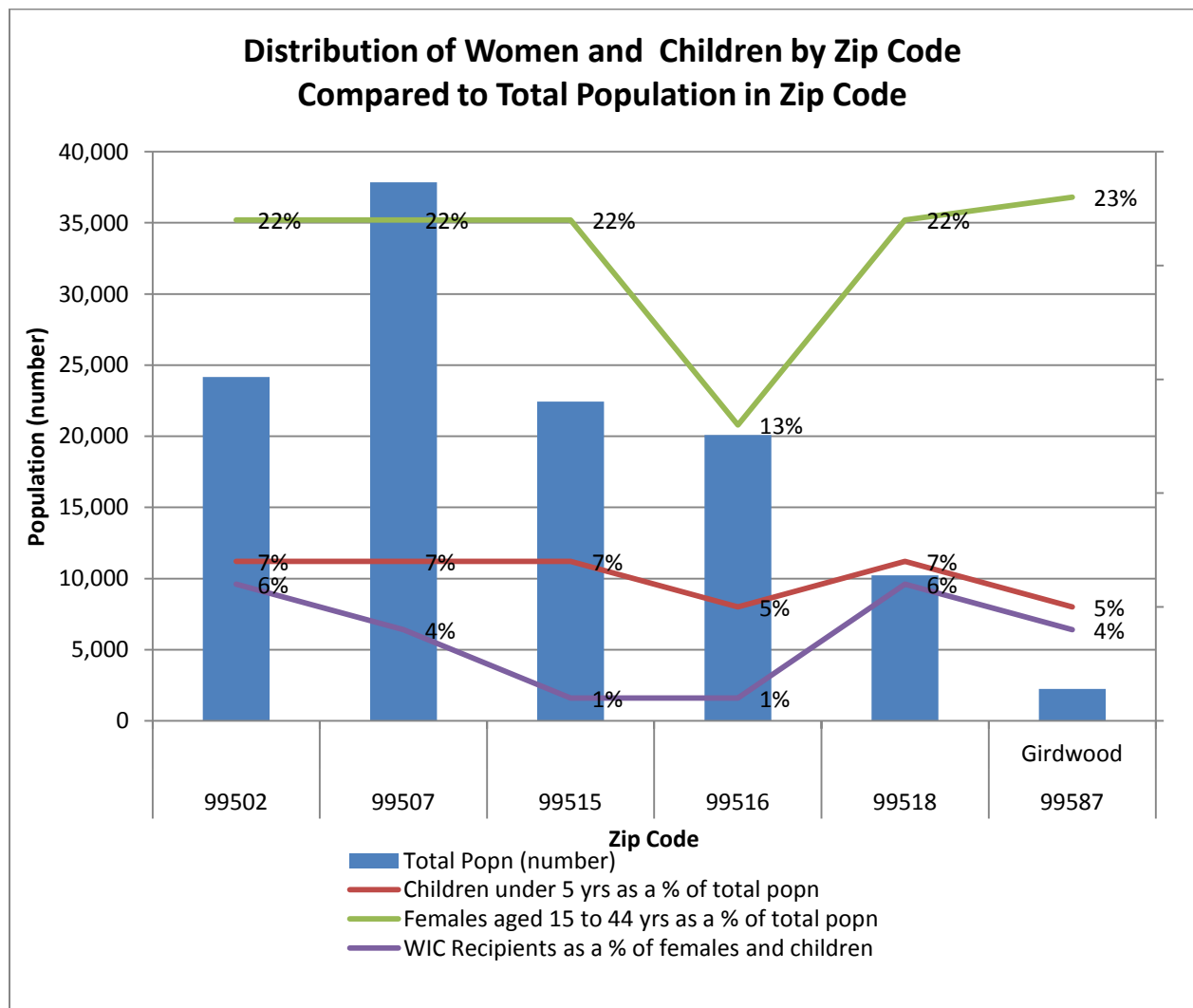
	99502	99507	99515	99516	99518	99540 Indian	99587 Girdwood
Total No. of Residents	24,168	37,850	22,441	20,095	10,225	320	2,250
% of all South Anchorage residents	21%	32%	19%	17%	9%	0*	2%
Children under 5 years (as a % of residents in that Zip code)	1,782 7%	2,662 7%	1,576 7%	1,008 5%	731 7%	10 3%	116 5%
Females aged 15 to 44 years (as a % of residents in that Zip code)	5,305 22%	8,497 22%	4,784 22%	2,631 13%	2,295 22%	42 13%	512 23%
Total No. under 5 years and females aged 15-44 years (as a % of residents in that Zip code)	7,087 29%	11,159 29%	6,360 28%	3,639 18%	3,026 30%	52 16%	628 28%
WIC Clients^a	421	429	286	42	179	5	22
% of all SA WIC Clients^a	30%	31%	21%	3%	13%	*	1%
% of females and children in that zip code	6%	4%	1%	1%	6%	10%	4%
Race of residents in each zip code							
White	68%	64%	68%	86%	65%	93%	91%
Black	3%	4%	3%	2%	5%	*	*
AI/AN	8%	8%	7%	3%	8%	4%	2%
Asian	9%	10%	10%	4%	8%	1%	3%
Hawaiian/PI	2%	1%	*	*	2%	*	*
Other	10%	13%	11%	5%	12%	2%	4%

Sources: U.S. Census Bureau, 2010 Census <http://2010.census.gov/2010census/>;

^a WIC

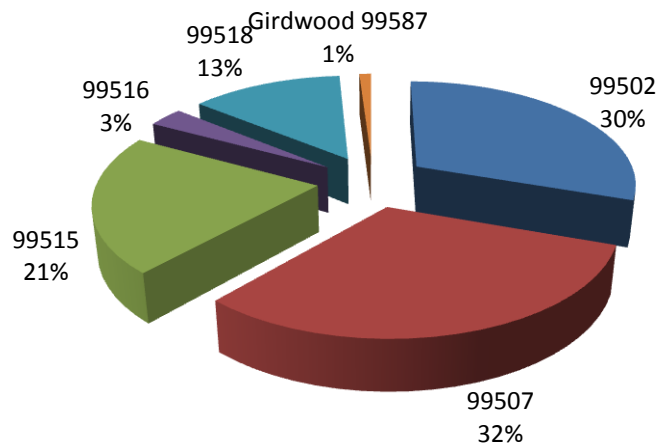
* Less than 1%

- The sum of the number of children under the age of five and of women of child-bearing age was calculated as another means of looking at the total number of persons who could potentially be eligible for WIC.
- Characteristics which provide the largest differences between zip codes are: the number and percentage of residents, the proportions of White, AK Native, and “other” races, and the percentage of owner—or renter—occupied households.
- The figure below shows several characteristics of residents in a format that makes it easy to compare them by zip code. The solid vertical bars show the total population; the top horizontal line shows the percent of females ages 15 to 44 years in that zip code and the lower line shows the percent of children under 5 years in that zip code.



Sources: U.S. Census Bureau, 2010 Census <http://2010.census.gov/2010census/>;
Anchorage WIC Program Office – July 2011 data;

% Distribution of WIC Clients by Zip Code



Source: Anchorage WIC Program Office – July 2011 data;

Table 2: Distribution of Populations of Interest by Type of Household and Dwelling

	99502	99507	99515	99516	99518	99587 Girdwood
Households w/ children <18 (% of households by zip code)	3,150 36%	4,758 34%	3,015 38%	2,596 38%	1,178 28%	247 24%
Female-Headed Household w/ children <18 (as a % of households in that Zip Code)	753 9%	1031 12%	572 7%	170 3%	317 8%	51 5%
Male-Headed Household w/ children <18 (as a % of households in that Zip Code)	316 4%	480 3%	325 4%	157 2%	156 4%	31 3%
Owner Occupied (as a % of dwellings in zip code)	5,967 67%	9,533 68%	6,129 77%	6,270 91%	2,479 59%	591 57%
Renter Occupied (as a % of dwellings in zip code)	2,898 33%	4,427 32%	1,582 23%	609 9%	1,736 41%	453 43%

Source: U.S. Census Bureau, 2010 Census <http://2010.census.gov/2010census/>;

A.2. WIC program usage rate in South Anchorage

It became important to find a way to compare WIC use across each zip code in a way that took into account the differences in the sizes of the population. First we created the potential population - that is the number of children less than 5 years, and the number of women aged 15 to 44 years. The sum of these became the potential number of WIC clients. We calculated a WIC usage rate, where the population (denominator) is the sum of the number of children under five plus the number of women aged 15-44 years and the numerator is the number of WIC clients in each zip code. The resulting number was multiplied by 1,000. We called this the usage rate and the numbers can be compared directly because the differences in the size of each zip code have been standardized. Table 3 shows some interesting results of this comparative measure.

Table 3: WIC Usage Rate by Zip Code per 1,000 Children & Women

	99502	99507	99515	99516	99518	99587
Number of Children < 5 years & females 15-44 years	7,087	11,159	6,360	3,639	3,026	628
Number of WIC Clients	421	429	286	42	179	22
<i>WIC usage rate - per 1,000 Children & Women</i>	<i>59</i>	<i>38</i>	<i>45</i>	<i>12</i>	<i>59</i>	<i>43</i>

The highest WIC usage rate was in zip codes 99502 and 99518, both with a rate of 59 clients per 1,000 children and women in the potential population. Zip Code 99515 had the next highest usage; for every 1,000 members of the potential population (women of child bearing age and children under 5 years), 45 received WIC. The two zip codes with the lowest usage rates are 99587 (43) and 99507 (38 per 1,000). The lowest WIC usage rate was in zip code 99516, where there were 12 clients per 1,000 residents. This finding is consistent with our earlier analysis of this zip code.

The low rate in 99507 causes us to return to Table 1 to look for more clues about potential WIC participants (see Page 9).

A.3. Other Low Income Program Providers in South Anchorage

There are very few services located in South Anchorage specifically for low-income families and few municipal, state, or federal buildings open to the public in the area. This section describes

the few programs that provide services in South Anchorage; the first four have income-based requirements for participation – Head Start, Gladys Wood Elementary School program, the federal Title 1 Schools program and the federal Child Nutrition Services program. The City Church program in South Anchorage stated that they serve low-income individuals, but don't require proof of income. All of these programs might have participants eligible for WIC services.

- i. Head Start South Center –The Head Start program is the sole stand alone facility providing an early childhood development program for low-income 3-5 year olds in South Anchorage. 6927 Old Seward Highway, 99518. Phone: 344-3350
- ii. Gladys Wood Elementary School is housing a State-funded experimental preschool program that is a collaboration between Kids' Corp Inc, (Head Start) and the Anchorage School District. The preschool provides services to low-income children ages 3 to 5 years. Eligible children attend classes Monday through Thursday for three and one-half hours per day. Gladys Wood is not a Title I school. - 7001 Cranberry, 99502. Phone: 742-6760.
- iii. Title I is a federal program that provides funding to school districts to help children who are behind in school. Approximately 40% or more of the students come from low-income families. Title I Elementary schools in South Anchorage are Chinook, Spring Hill, Tudor, and Taku.
- iv. The federal Child Nutrition Services program reimburses schools that provide meals, milk, and snacks to qualifying children. Federal income guidelines, adjusted for Alaska, determine whether the meals are free or at a reduced price. The table below shows the number and percentage of students in Title I schools receiving free-and reduced-price meals.

Table 4: South Anchorage Title I Elementary Schools Serving Free-or Reduced--Price Meals (2011)

Zip Code	School	# Free	#Reduced Price	# Total Enrolled	% Free & Reduced
99502	Chinook ¹	275	76	531	66%
99507	Spring Hill	139	39	349	51%
99507	Tudor ¹	163	36	371	54%
99518	Taku ¹	201	64	413	64%
Total		778 47%	215 13%	1,664	60%

Source: EED Child Nutrition Services

- iv. City Church (partnering with the Food Bank of Alaska) distributes food to low-income individuals the second Saturday of each month from 9 am to 11 am. – 1301 W. 100th Ave., 99515. Phone: 344-2141.

Two other churches in South Anchorage reported that they no longer have food pantries on site. Both churches said that people seeking food frequently have other needs, such as housing or health care that the church can't provide onsite. These churches refer people to facilities that are equipped to provide a variety of services, such as Catholic Social Services or Lutheran Social Services; the churches provide vouchers for gas, a cab, or bus tokens to people who need transportation to one of these facilities.

A.4. Barriers to WIC Access for South Anchorage participants

Information on barriers to WIC access was gathered through a survey of current WIC participants. Respondents to the survey included transportation and location problems as major barriers to access for themselves. Their thoughts for those who are eligible but not participating, also focused on transportation and location problems, the lack of information about the program, and embarrassment over being in the program.. Results from the survey are discussed in detail below in Component B and a copy of the questionnaire is in Appendix D.

In summary, accessing the WIC office via bus service was a necessity for one-quarter of the respondents and 14% didn't know whether it was needed. It is possible they responded that they didn't know because of not knowing where the clinic might be located or it could also reflect uncertainty about status of their vehicle.

Transportation and location comments included:

- the cost of gas
- the lack of parking
- time required to use a bus
- desire to stay near home/convenience of location.

Component B

Survey Results. Where South Anchorage survey respondents go during their daily activities, where they shop, and their desired location for a South Anchorage clinic.

To determine participants' interest in a clinic in South Anchorage we asked WIC clients who are residents of South Anchorage to complete a survey. This survey asked whether they thought they would go to a South Anchorage clinic, places they visit regularly within South Anchorage and their preferences for clinic locations. The questionnaire was self-administered and in appreciation for completing the survey, the respondent was given a coupon for a loaf of whole

wheat bread from Great Harvest Bakery. A full description of survey methodology and questions is in Appendix C and a copy of the questionnaire is in Appendix D.

B.1 Survey questions and summary of responses

1. If there was a WIC clinic in South Anchorage, would you go there?

A majority of respondents reported they would go to a clinic in South Anchorage (77%). Of the “yes” responses, 72% said it would be more convenient. The 13% that responded that they would not go to a South Anchorage clinic, that the current clinic locations are more convenient. Finally, 9% did not know if they would go to South Anchorage. The majority of this group said it would depend on the clinic location.

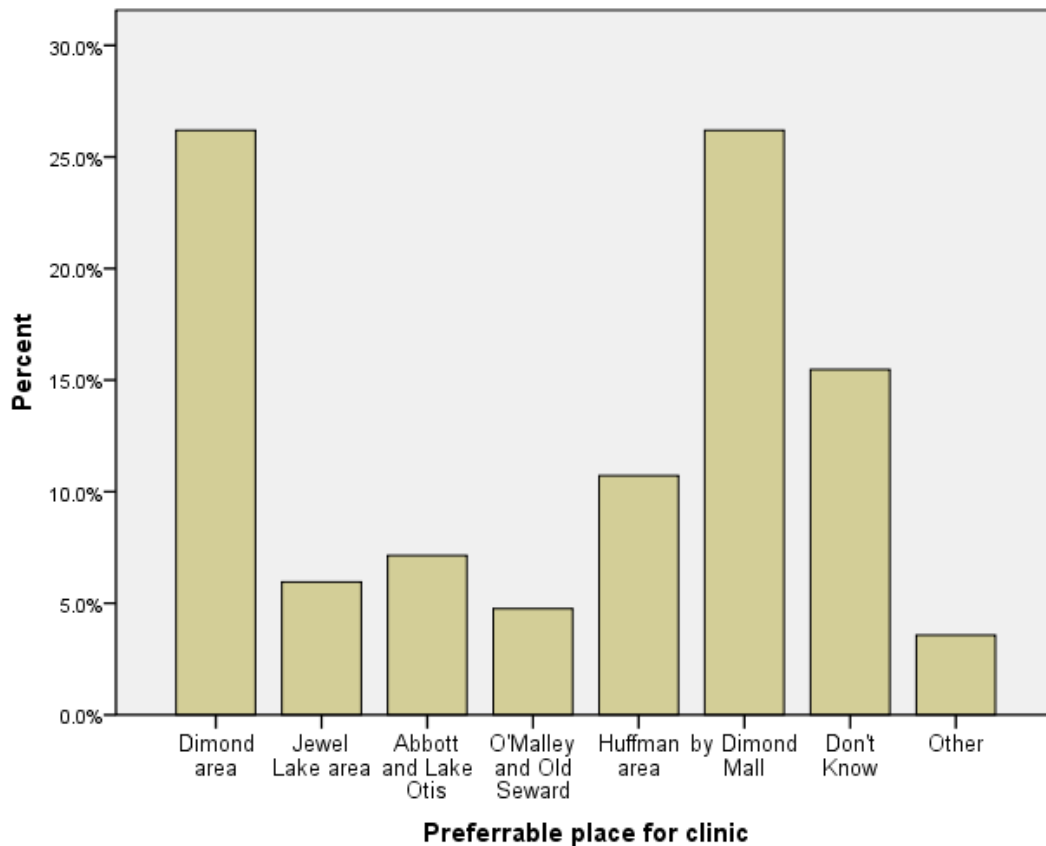
2. If there was a WIC clinic in South Anchorage, would you need it to be near a bus stop?

While most respondents (61%) would not need the clinic to be near a bus stop, 25% said that they would. Another 14% said they did not know if they needed the clinic to be near a bus stop. With 25% of clients requiring bus service and up to 39% potentially needing it; being near a bus stop must be a priority.

3. If a WIC clinic opened in South Anchorage, where would you like it to be?

Over one-half of the respondents prefer a location in the Dimond area (26%) and 26% reporting “in or nearby the Dimond Center Mall.” Other nearby locations included: the Huffman area (11%), “Abbott and Lake Otis” area (7%), “Jewel Lake area” (6%), and “O’Malley and Old Seward” area (5%) as preferable clinic locations. Finally, 15% responded that they did not know where they wanted the clinic to be located. The map in Appendix B shows the preferred clinic locations. These locations are in green, with the size of the dot corresponding to the number of responses favoring that location, thus the larger the dot, the greater the number of respondents who mentioned that location. Due to lack of specificity in respondents’ answers, some locations had to be coded as “areas.” These areas are represented as green lines on the map.

Preferred WIC clinic locations



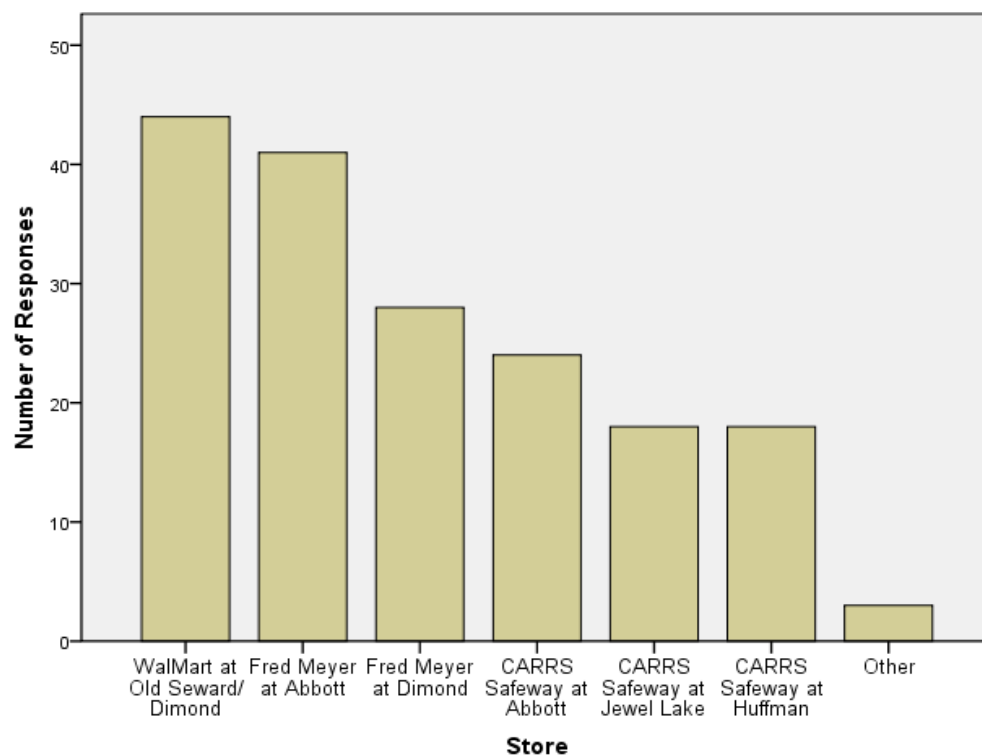
4. Another way to have a WIC clinic in South Anchorage would be to have it inside a recreational vehicle (R.V.) that would have a schedule to be at certain locations at certain times. Sometimes it might be closer to where you live, work, or shop and at other times, farther away. If there was a WIC clinic in an R.V., do you think you would go to it?

Just over one-half (53%) of the respondents said they would go to an R.V., stating it would be more convenient than the other WIC clinic locations, “Sure, anything closer would be great.” One respondent noted, “I like the mobility idea.” The 20% of respondents that said “no” had varying reasons not to go to an R.V. including: they do not like a location that would change; they would prefer an office; an R.V. is too small; and an R.V. is not more convenient. One respondent said she was unwilling to go if the R.V. advertised that it was a WIC clinic. Another said that from past experience with a R.V. clinic, it is difficult to schedule appointments. Finally, 26% of respondents did not know if they would go to an R.V.

5. When you shop with your WIC warrants or Fruit and Vegetable Vouchers in South Anchorage, what stores do you go to most often?

Respondents were asked to list up to four stores. One-quarter of respondents said they use WIC warrants and vouchers at the Wal-Mart on the Old Seward Highway; followed by Fred Meyer on Abbott Road with 23%; Fred Meyer on Dimond Boulevard with 16%; CARRS Safeway on Abbott Road with 14%; and CARRS Safeway at Jewel Lake and on Huffman both with 10%. The remaining 2% listed various other stores. The map in Appendix B shows the location of these stores. Frequented stores are in purple, with the size of the dot corresponding to the number of responses. The chart below shows the actual number of times a store was mentioned.

Where WIC clients shop with their vouchers

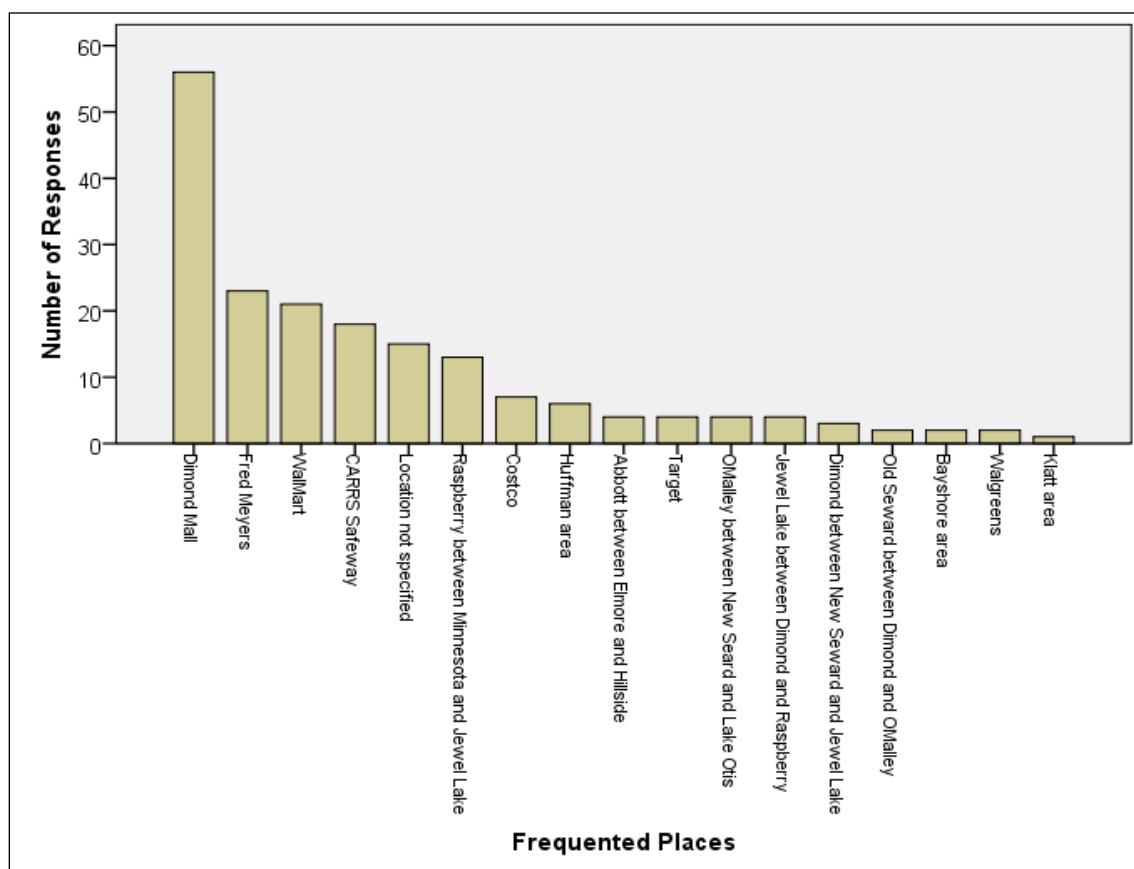


6. In South Anchorage, what places do you go most often? For example: Head Start, church on Abbott, Gladys Wood Elementary, Dimond Mall, the laundromat on Huffman.

Examples of possible answers were given to encourage respondents to provide detail about the location; they could list up to four places. Very few respondents listed a church or school; instead they listed stores. The most frequent response, 30%, said the Dimond Center Mall. This is followed by Fred Meyer with 12%; Wal-Mart on the Old Seward with 11%; and CARRS Safeway with 10%. We don't know if respondents listed stores because the proceeding question asked about stores or if stores are truly the places they go to most often.

Although, many respondents did not specify which Fred Meyer or CARRS Safeway store they were referring to (leading us to group these responses together), we can infer from participants responses to the previous question that the most popular Fred Meyer is the one on Abbott Road and the most frequented CARRS Safeway is the one on Abbott Road.

The map in Appendix B shows the locations people listed in yellow, with the size of the dot corresponding to the number of responses. Some respondents named a street or intersection and these areas are yellow lines on the map. The next chart shows the actual number of times a place was mentioned.



7. Today, are you getting WIC services for [check only one box].

A. Yourself only?

B. Yourself and a child or children?

How many children? → 1, 2, 3, 4, 5, ____

C. Someone else:

1. A child or children? ____No ____Yes →

2. How many children? 1, 2, 3, 4, 5, ____

3. A mom ____No ____Yes

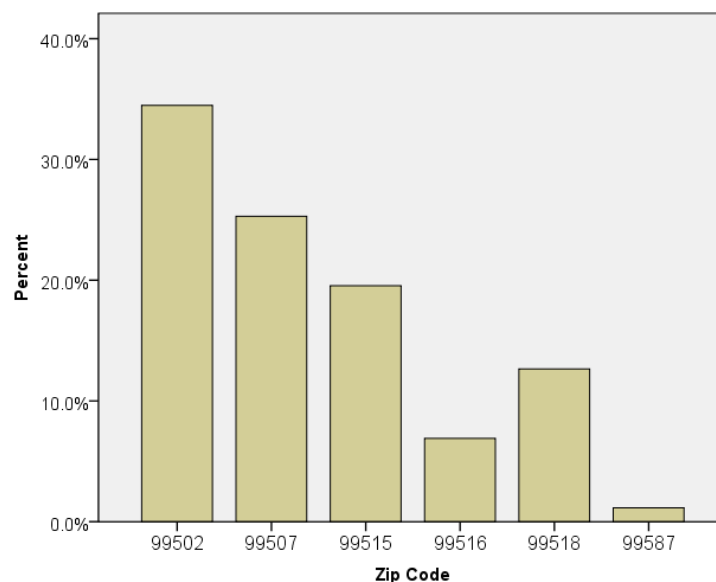
The majority of respondents were receiving services for themselves and a child (67%). Of this 67%, most (94%) were getting services for one or two children; very few respondents listed more than two children. Approximately 7% of respondents were receiving services for themselves only.

About 27% obtained services for someone else and in all instances it was for one (83%) or two (17%) children. No one reported obtaining services for a mom.

8. What is your home zip code?

The chart below shows the percentage of those who completed the questionnaire by their zip code. 99502 and 99507 have roughly the same number of clients yet more residents of 99502 completed the questionnaire than residents of 99507. Respondents in other zip codes are in proportion to the number of clients.

Chart: Survey Respondents by Zip Code

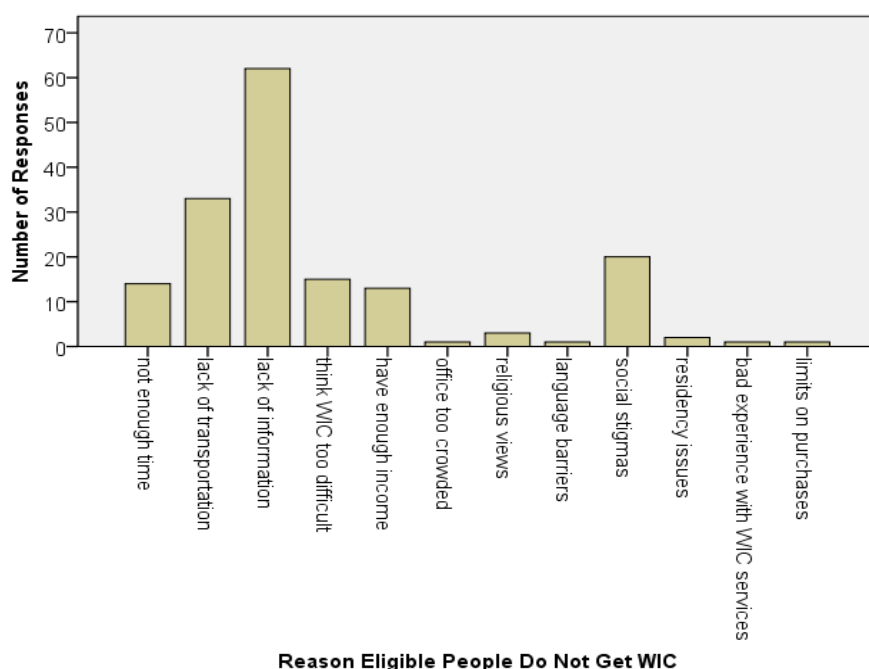


9. There are people who could be getting WIC services, but they don't. What do you think are the main reasons why they don't?

This was the final question in the survey. The respondents to this question are different from those who haven't enrolled simply because the respondents made the decision to participate. The value in their answers is that they have gone through the decision process and their thoughts may have played a role in the thoughts of those who chose not to enroll. The questionnaire allowed up to 3 responses. Most frequently respondents cited a lack of information (37%), but did not specify what kind of information was lacking. It could be that eligible people do not know about the WIC program, "Some people don't even know the program exists." They don't know the eligibility requirements, they don't think they qualify, or they confuse food stamps with WIC. Following this were 20% who thought the reason was the location or a lack of transportation: "Because it's too far from the south side;" "too far away;" "doesn't know where they are;" "No WIC office close to them;" and "gas prices."

Twelve percent thought people may not access WIC services due to the social stigma – eg. pride or embarrassment. Responses by WIC participants about those not accessing WIC included: "Don't want to be a burden on society;" 9% offered the opinion that others think WIC is too difficult; 8% felt those who were eligible didn't have enough time to get to a WIC clinic, and another 8% responded "have enough income." Other reasons were given, but not mentioned as frequently. The next chart shows the actual number of times a reason was mentioned. Remember, these are the views of current WIC participants, not the perspective of those who aren't participating.

Chart: Survey Respondents view about why eligible people do not apply for WIC



Component C

Identify practices and potential alternatives for increasing WIC enrollment by eligible South Anchorage residents; Assess costs and implementation plans for selected alternatives.

C.1. Estimation of the number of residents eligible for WIC services, but not enrolled

As a starting point for identifying options and alternatives for increasing WIC enrollment, it is useful to estimate the number of residents who are eligible for, but not receiving WIC.

Eligibility guidelines for Medicaid, Denali KidCare, and SNAP also fulfill the requirements for participation in WIC; thus individuals in those programs could also be receiving WIC services.

Comparing enrollment data in the three programs to WIC enrollment, it appears that there are approximately 2,300 individuals in Anchorage who are eligible for WIC, yet are not enrolled. The table below shows that in January 2010 one-third of these eligible individuals, or 759, lived in South Anchorage. By July 2011 this number had increased to 1,333, yet the percentage of eligible living in South Anchorage remains the same (approx. 32%).

Table 5: South Anchorage MC/DKC/SNAP Recipients Not Enrolled in WIC

South Anchorage Zip Code	#MC/DKC/SNAP Clients Not Enrolled in WIC		% MC/DKC/SNAP of all SA Eligible in each Zip Code	
	Jan. 2010	July 2011	Jan. 2010	July 2011
99502	197	355	9%	8%
99507	277	457	12%	11%
99515	145	245	6%	6%
99516	35	89	2%	2%
99518	96	149	4%	4%
99587	9	33	*	1%
Total	759	1,333	33%	32%

*Percentage is less than 1.

Columns 3 and 4 show the percentage of potential clients of WIC by zip code. Only the South Anchorage zip codes are presented here, demonstrating that the overall distribution of those eligible but not receiving WIC had not significantly changed over the two time periods for which we have data. This finding is useful because the data show that while the numbers of eligible

had increased, they have increased equally by zip code. No Zip code had an increase or decrease of more than 1%. Thus, the percentage eligible remained constant.

The table below presents the rate of WIC eligible people per 1,000 female and child residents of the appropriate age of the potential population. This rate gives us a standardized measure of the number of people eligible for WIC by zip code. This standardized measure provides a way to compare the number eligible for WIC by zip code independent of the size of the population in each zip code and, in this case, highlights zip codes needing assistance. The table below shows that the greatest potential for increasing the number of clients remains in zip codes 99507 and 99515.

Table 6: WIC Eligibility Rate per 1,000 Female and Child Residents

	99502	99507	99515	99516	99518	99587
Residents aged < 5 years & females aged 15-44 years (number)	7,087	11,159	6,360	3,639	3,026	628
WIC Eligible (number)	355	457	245	89	149	33
<i>Eligibility rate per 1,000 female and child residents (rate)</i>	<i>50</i>	<i>41</i>	<i>39</i>	<i>24</i>	<i>49</i>	<i>64</i>

C.2. Current Activities to increase enrollment

Both CITC and MOA use several approaches to increase participation. For MOA, outreach is frequently through medical institutions where the potential clients' doctors and other healthcare professionals can inform their patients about WIC services. Both participate in community events where they have displays, offer activities for children, and have an opportunity to educate attendees as well as showing a friendly face to make the program more personal. Also, they both use addresses from Medicaid, Denali KidCare, and SNAP participants to mail information to those who aren't enrolled in WIC.

From interviews ISER conducted with WIC grantees, we found that outreach programs are often not included in their budgets and they have to find extra time for outreach. It is likely that they donate substantial hours attending events in the evenings and on weekends; donate gas for their personal vehicles; and donate money and time to buy and prepare food they take to events. The degree of dedication and genuine desire to locate and help people who need WIC services was striking.

C.3. Source of WIC Program Outreach Ideas

The ideas for the approaches for outreach come from a combination of sources. a). First, from reviewing reports on the Web about research to increase WIC participation. b). Next, WIC clients who completed the questionnaire were asked their opinions of why, people who were eligible for WIC, didn't enroll. And c), From running focus groups with parents, the authors of this report have learned information that is applicable to this situation.

- a) When reviewing research to increase WIC participation, four elements stood out:
- most participants learned about WIC through referrals from friends, family, or a medical practitioner;
 - despite what seems like abundant information, there are pockets of people who don't know about the program;
 - the application process and eligibility guidelines were confusing and, hence, were a deterrent to enrolling or were misinterpreted and families thought that they weren't eligible;
 - WIC was perceived as a program for women on welfare and potential participants wanted to make sure the program went to women whom they felt had greater need. They also wanted to avoid the perceived social stigma of participating in the program.

- b) Current clients reported that they thought the main reasons people who were eligible didn't enroll were:
- A lack of information. The clients didn't specify the type of information they thought was lacking, but this response ties to the research cited above where people either didn't know about the program or didn't understand the application or eligibility requirements. One respondent stated, "They don't know how to start the program."
 - WIC was too difficult; the paperwork; or they don't know how to start. One respondent wrote, "(WIC is) confusing to use at first."
 - Twenty percent cited difficulties with the location or transportation;
 - Fear of losing other benefits; residency issues; and,
 - The deterrent of feelings of pride or embarrassment.
- c) The authors of this report recently conducted focus groups on two different topics with parents of young children to develop social marketing campaigns. Another series of groups were with people who were uninsured or had only sporadic coverage.

Lessons learned from these focus groups:

- Parents wanted information from and trusted the information they received from their health care provider; they reported that they listened to the provider's advice.
- A lack of knowledge about programs and about eligibility. In every group parents provided information about programs to other parents. Even though a parent had one child in Denali KidCare, this parent didn't realize another child could participate. This lack of knowledge about programs seems to tie to findings in C3a and C3b.
- Prepared materials should be on paper that is high quality; the graphics must be colorful, cheerful, and attractively arranged on the page.
- Many participants liked brochures with pictures of cute babies and children.
- Parents wanted a Website, not just a phone number; they wanted to have background information before they spoke with a person.
- The Website must be clean and uncluttered, links to obtain more information on specific topics must be obvious, and the Print button must be prominent
- Direct mail or e-mail was appreciated only if it was specifically targeted to their child's age, health issue, or a risk to their child's health.
- Neither ISER nor the State were accurate in predicting which brochures parents would like. Parents wanted one particular brochure to read in their health provider's waiting room and did not want to take it home to clutter their house. In every development milestone group parents favorite product was a thick booklet--with detailed information and specific suggestions for activities that would help their child.

C.4. Outreach Preparation

This section begins with four recommendations in advance of outreach efforts. They would all be useful even if none of the outreach options are pursued. If Activity 13 is pursued, using focus groups to review materials and Websites, the following options a and b should be delayed until the results of those efforts can be incorporated into materials.

- a. Evaluate all materials for visual appeal, reading level, layout, and ease of understanding. Make sure words are at a reading level no higher than 6th grade (words like postpartum, nutritional, lactating are not likely to be understood); the layout must be simple and straightforward—bulleted lists work well; think about what is absolutely necessary to include, don't try to cover everything. Parents in focus groups loved pictures of cute babies and children. Include a Web address and a phone number.
- b. Review Websites, better examples include: www.searhc.org/wic/index.php and www.searhc.org/wic/wic_services.php (change the words “clients’ expressed interests,” “initiation,” and “duration” to phrases like: “what you want” or “what works in your life,” “begin” or “start,” and “help you breastfeed longer,” or “help you breastfeed until your child is older.” Another example was www.citci.org/content/wic-back. Participants in one series of focus groups viewed a site on developmental milestones and thought it was clear and the links for more information were obvious. <http://www.cdc.gov/ncbddd/actearly/index.html>
- c. Update Websites: the MOA’s WIC site says that the “Providence WIC office is to close effective July 15, 2011.” I was unable to locate anything about WIC on the Southcentral site or the Anchorage Native Primary Care Center. The state’s site, hss.state.ak.us/dpa/programs/nutri/wic/Participants/Default.htm is a great overview, but it took me a long time to find this specific site. I started with a Google search that led me to the WIC Program Overview; from that page I didn’t know where to go. I clicked on the word “WIC” at the top of the page which led me to a list of links: www.hss.state.ak.us/dpa/programs/nutri/WIC/default.htm and that led me to www.hss.state.ak.us/dpa/programs/nutri/WIC/WICLinks.htm, which I found confusing. Then I went down to the WIC Clinics where only two of the links worked.
- d. Have several people who are not familiar with WIC, review all materials and the Website before they are finalized.

C.5. Outreach Activities to increase WIC Participation, including cost estimates for selected alternatives

The first nine activities focus on outreach to increase awareness and dispel myths about WIC. They all require substantial staff time to visit health-care facilities; educate health care providers and their staff; maintain a booth during events and attend parent-child classes at Providence and ANPCC. One option (Activity 10) is to give an incentive to clients who refer a new enrollee. The final two options are by far the most expensive—a survey and a social marketing campaign—but are also the only two that obtain the actual reasons those who are eligible, don't enroll. These costs are in the range of \$35,000 - \$62,000.

Staff time is the most expensive component of the majority of outreach options and activities. From discussions with WIC grantees we didn't sense that they had staff to spare. Perhaps an option would be to hire a temporary employee like that done by DHSS. They hired a person skilled in social marketing-- to conduct their outreach campaign. The person who was hired worked approximately 28 hours/week for four months. The position was a short-term, part-time, non-permanent (PIO II, Range 17A up to .75 FTE for 120 days). For the social marketing campaign only, the cost was approximately \$13,823.

Outreach Activities:

Activity 1. Continue with current efforts to educate personnel, supply information, and display materials at medical facilities in South Anchorage. Be sure to include general practitioners, obstetricians, pediatricians, pediatric dentists, offices serving children with special needs, and urgent care centers.

Activity 2. Post WIC brochures or flyers in grocery stores: with special focus on Wall-mart on the Old Seward. Respondents said this was the store where they most frequently used their warrants or Fruit and Vegetable Vouchers and the analysis of the WIC dataset confirmed this. The next most frequented store was Fred Meyer on Abbott and then the Fred Meyer on Diamond. The three Carr's stores were next: on Abbott, on Jewel Lake, and on Huffman.

Activity 3. Concentrate contact efforts on shops and facilities where clients shop and go most often—they are the same places. The survey responses indicate that areas where clients would like to have a clinic are concentrated on an area along Dimond bounded on the west by Jewel Lake, east to Lake Otis, and south to Huffman. Again, with special focus on the Dimond Mall and the Wal-Mart on Old Seward; concentrate contact efforts within these boundaries.

Activity 4. Use a display booth to distribute information and answer questions during special events at the Dimond Center Mall, the Dimond Center Transit Station, Wal-Mart, the Huffman Shopping Center, and the grocery stores on Abbot.

Activity 5. Visit school nurses, psychologists, front-desk staff, and others to inform them about WIC and provide brochures.

Activity 6. Continue and enhance outreach efforts to agencies and organizations that serve SA residents, but are not located in South Anchorage. Some of these are already targeted by MOA and CITC and include: the Anchorage School District's Child in Transition program, and Crossroads School, Catholic Social Services-especially their programs for immigrant families, Lutheran Social Services of Alaska, THREAD, the Infant Learning Program, Stone Soup Group, System for Early Education Development, Anchorage Association for the Education of Young Children, the Alaska Literacy Program, and the La Leche League.

Activity 7. Attend parent-child playtime and support groups, like the ones offered at Providence Medical Center and at the Anchorage Native Primary Care Center, to answer questions and provide pamphlets. Among parents who were aware of parent-child groups, these two programs were especially popular.

Activity 8. Return frequently to refill the supply of brochures! A common complaint among parents seeking information was that the racks for brochures were often empty.

Activity 9. Ask organizations if they would send a message about WIC to members of their list servers.

Activity 10. Give an incentive to each client who brings in a new enrollee. The difficulty lies in finding an incentive that falls within WIC guidelines and is sufficient to encourage participation. This incentive goes to the client who brought in the new participant, not the staff member as has been tried in the past.

Activity 11. Mail information to the people eligible for WIC.

Recommendations for implementation of this option:

- Make the letters to the potential client as personal as possible. This means using a higher-quality paper (not standard copier paper); use real postage stamps—not a postage meter; have a real person (or persons) write-in the signature of the author of the letter in blue ink, so it is obvious that the signature is not Xeroxed; and make sure the letter is addressed to an adult, parent, or guardian, not a child. These techniques are from survey research articles; they are commonly used (and have been extensively evaluated in peer-reviewed journals) as methods for increasing response rates to surveys.

- Emphasize in the letter that WIC is not welfare; that everyone goes through rough patches and needs help for a short time. WIC's job is to help you learn about foods that a growing child needs and to keep the family healthy; will help to buy healthy foods during this rough patch; to help with advice on breastfeeding; help find health care and other community resources.
- Acknowledge that it may be difficult to accept help, but the help is temporary and is another way of caring for the family.
- Include a link to a Website that gives general information about WIC and a phone number.
- If funds are available, use the ideas above to develop a high profile outreach campaign lasting 4-6 months. In addition, have a dedicated phone line that will reach a live person during the outreach campaign. Include this phone number in the letter.

Activity 12. Conduct face-to-face interviews at the homes of those who are eligible for WIC, but not participating. In addition to learning specific reasons for not participating, the interviewer should be knowledgeable about WIC, able to answer questions about the program, distribute materials, and could complete enrollment forms at that time. The enrollment forms could be completed on paper or the information could be entered into an enrollment form on a netbook and uploaded immediately or at a later time depending upon the technology and system available. While the interviewer is in the home, the required documentation of income could be reviewed and an appointment made. Interviewers would need to be approved by the state to have access to confidential information.

- Steps in this process include: designing a questionnaire; pretesting and revising the questionnaire; obtaining approval from an Institutional Review Board; obtaining from the state or purchasing a netbook (\$355) for each interviewer; loading the WIC enrollment forms on each netbook, including skip patterns--the program automatically skips inappropriate questions (if the respondent was male a question asking about current breastfeeding practices, wouldn't appear); hiring and training interviewers; a state employee with access to the WIC database would provide information about locations of eligible households, later draw a sample of eligible households, and provide a file of addresses in clusters of households; develop a process to ensure the safety of confidential information; design a procedure for determining whether each prospective interviewer (if not a state employee) should have access to confidential information; hire and train interviewers; conduct the interviews; data entry of the questionnaires if information is collected on paper; data cleaning; analyses; and report on the information gained. This information could be used by a social marketer to develop a campaign focused on attracting new enrollees.

- To keep costs down, the file containing eligible people will need to be sorted by street address. Then interviewers can go to blocks, neighborhoods, or apartment buildings where several eligible people live in close proximity. Since ISER doesn't have access to a file with addresses, we are not able to assess how closely eligible residences are clustered and what proportion of the eligible population would be included. Without having this information it is impossible to develop an estimate of the number of residences and interviews. Hence, we are not able to accurately estimate the cost but will make a guess of \$40,000-\$50,000. If you want to provide more information, we will be happy to develop an estimate based on actual numbers.

Activity 13. Develop a social marketing campaign that focuses on South Anchorage's eligible, but not enrolled, population. A social marketing campaign would begin with a series of focus groups to explore the precise deterrents to participation. Participants would be drawn from the list of people living in South Anchorage who are eligible, but don't participate in WIC. A brief letter of explanation will be mailed to potential participants, but phone contact to provide an explanation, answer any questions, determine language barriers, to develop a sense of rapport, and to determine whether the person will participate will be required. If the person wants to participate, one or two reminder calls will be necessary. This would be for three or four focus groups, hoping to have 8-12 participants in each group.

- The focus groups would have three goals: First, to determine the barriers to participation in WIC. Second, to explore approaches that the group members feel would encourage them to participate. And third, to have participants review and make suggestions about current materials or designed to attract eligible people. Fears and reasons for not participating could be discussed so that the social marketer can develop approaches that address these reasons. The social marketer would develop an outreach campaign based on information obtained in the focus groups.
- The participants in the focus groups need to be offered a light meal (sandwiches, fruit, cookies, and a bottle of water, \$10 per person) and given an incentive. Recently, incentives have been gift cards with a value of \$50 (at the end of the group participants frequently run out the door saying they are going to buy diapers). Cards for gasoline, movie tickets, Subway restaurant, and drawings for various items have all been used.
- Costs are estimated to range from \$35,000 to \$40,000 for the focus groups and a social marketer to develop materials and plan the outreach process. This does not include the cost of transcription, incentives, recruitment, advertising, and a room. An

estimate of the cost of the social marketing campaign to increase WIC awareness through specific materials and distribute them is in the order of \$12,000.

Cost breakdowns for two past social marketing campaigns

1. Spring/Summer 2010

Contractual:

Social marketer in Wisconsin \$9,800

ISER conducted four focus groups, one in Kotzebue. No analysis by ISER. \$14,000

State of Alaska:

Incentives \$50 gift card to Target or A.C. in Kotzebue

Transcription \$1,400

A state employee did the recruiting, one of the most time consuming and frustrating tasks; arranged advertising in each community, and located the space where each group was held.

2. Winter/Spring 2011

Contractual:

ISER conducted three focus groups in Anchorage, two in Mat-Su, and two in Homer; analyzed the transcripts and prepared a report that included a summary of findings and recommendations. \$35,000

State of Alaska:

Social marketer \$13,823

Transcription \$2,520

Incentives \$50 gift card for Fred Meyer or Target

State employee did the recruiting, including advertising; and located the space in each community.

C.6. WIC Program Office Space suggestions for South Anchorage, including the degree to which the locations meet WIC requirements

The following features are the requirements for a WIC clinic:

- Two separate rooms, one for private consultation and the other for examination
- Large enough to accommodate a table and chairs
- Permanent doors and walls to ensure confidentiality
- The examination room must have hand-washing facilities and be free of drafts
- Affordable
- Ideally, there would be space so that materials and supplies could remain in the clinic

In considering facilities that meet these criteria, it is also useful to consider the feedback obtained from current WIC clients through the survey regarding characteristics they would find useful for the location of a WIC office.

The answers provided to Question 3, 6 and 9 of the survey provide the most insight into the location issue. Current WIC participants' responses show that:

- If a new WIC office opened in South Anchorage, they would like it to be in or near the Dimond Mall (52%) (Question 3).
- Four stores account for 78% of shopping with warrants or vouchers: Wal-Mart, Fred Meyer on Abbot, Fred Meyer on Dimond, and Carr's on Abbot. The places clients visit are the Dimond Center (30%), and the same places they shop with their warrants: Wal-Mart, Fred Meyer, and Carr's. (Question 6) Both Wal-Mart and Fred Meyer sell many items beyond groceries. These responses provide a picture of people who circulate in an area very close to the Dimond Mall. In light of this it's not surprising that their choice for a clinic location is in or near the Dimond Mall.
- Barriers to visiting the current downtown WIC office include: time to travel downtown and desire to stay near home, cost of gas, the lack of parking and having to rely on the bus. (Question 9)
- Bus service was a necessity for one-quarter of the respondents and 14% didn't know whether it was needed if there was a clinic in South Anchorage. They may have responded that they didn't know whether bus service was required because of not knowing where the clinic might be located or it could also reflect uncertainty about the status of their vehicle. (Question 9)

Office space to rent or lease

Office space in South Anchorage generally costs about \$2.25 per square foot per month.

The ideal location, from the survey respondents' perspective, would be in the Dimond Center Mall. In the mall, office space is on the third floor and above and rents for \$2.25 per square foot per month.

The least expensive and easily accessible rental space we located was in the Huffman Business Park, located near the intersection of Huffman and the Old Seward on Industry Way. The prices range from \$1.25-\$1.75 per square foot per month. It is a series of rows of long warehouse-looking buildings and has office, retail, and warehouse configurations. The mixture of occupants illustrates the potential for various configurations: a Dryer's ice cream warehouse, veterinary clinic, a commercial glazier, tanning salon, toy store, bicycle sales and repair, a sorting facility for recycling electronic equipment, a Jazzercise studio, an upholstery shop, a casket company, and a dog groomer are a few of the current occupants. There are two bus stops nearby. The property is owned by Carr-Gottstein.

There is other office space in South Anchorage, but availability is sporadic and costs vary. Places seem to appear and disappear quickly.

Office space to share

We originally approached this topic focused on sharing space with another agency or organization that serves low-income individuals in South Anchorage (see "Component A" on page 10 for the results of the search). The most suitable choice, in terms of clientele served and location was the Head Start South Center program. However in discussions with the director we learned that the building is quite small with barely enough room to serve the children in the program. The former director was sympathetic to the idea of cooperating with WIC, but couldn't think of a way she could help with space. 6927 Old Seward Highway, 99518. Phone: 344-3350

When we found so few programs focused on servicing like clientele in South Anchorage, we broadened our search to include other programs that might have similar office requirements. Our suggestion is to approach these organizations to ascertain whether they might be interested in sharing space with the WIC program. We have not contacted any of these organizations to determine their interest at this point:

- The Blood Bank of Alaska's has an office in the Dimond Center Mall. It is open Tuesday through Friday, 10:30 a.m. to 6:00 p.m.; Saturday, 10:00 a.m. to 5:00 p.m.; and is closed Sunday and Monday. The Dimond Center Mall is the clinic location survey respondents preferred and has a People Mover Transit Center.
- Almost at the intersection of Dimond and the New Seward is Kids Dental Tree-Alaska. "Our mission is to provide specialized and comprehensive dental care for infants, children, adolescents, and patients with special health care needs in a friendly and safe environment..." 1310 E. Dimond #3, 762-5294

- All for Kids Pediatric Therapy Services is one block north of Dimond on Homer Drive which runs parallel to the New Seward. 8200 Homer Dr. Suite F 345-0050
- Directly across from the Dimond Mall is Liberty Dialysis at 901 E. Dimond Blvd. Its Web site says, “Liberty has a history of developing clinics in underserved communities in conjunction with local physicians and non-profit organizations.”
- At 11260 Old Seward Highway near O’Malley, is a Medicare-only clinic that opened in the summer of 2011. The Alaska Medicare Clinic is a nonprofit organization started by retired cardiologist, Dr. George Rhyneer. There have been two articles in the Anchorage Daily News saying that their patient load was not nearly what they had been anticipating and they didn’t have enough volume to keep their physician busy. They have been advertising in the newspaper recently to attract patients.
- La Touche Pediatrics 1301 Huffman Rd # 110, Anchorage, AK 562-2120
- Independence Park Medical Services, Inc., 9500 Independence Drive Suite 900 Anchorage, AK 99507

A mobile clinic

Our understanding is that a mobile clinic solely for WIC is not currently an option. However, another alternative would be to share a mobile facility such as the Blood Bank of Alaska’s LIFE mobile or Providence Imaging Center’s Mobile Mammogram vehicle. These are the only two vehicles we identified that could potentially be used for WIC purposes.

Component C. 7: What are the advantages and the disadvantages of alternative solutions / activities to increase WIC participation, including a recommended plan for implementation?

Advantages

A. Location-Specific Outreach

Continue current and expand outreach focused on specific areas—now that we know which areas clients frequent, it is more efficient to post materials in those areas. This assumes that the people who are eligible go to the same locations as clients.

B. Learn why the eligible don’t participate

The only precise method to determine eligibles’ reasons for not participating is to ask them through a focus group or survey. Another important use of a focus group or survey is to learn what might encourage them to participate. A social marketer could take their comments and ideas and design a campaign. These two methods are by far the most expensive approaches, with a cost that would range from \$35,000 to \$40,000 for the focus groups and around \$50,000 for a survey. It is possible that some of the information gathered through this exercise could be used to

inform strategies to increase enrollees in other areas, thereby increasing the cost effectiveness of this approach. The advantage of a survey is that it can be designed so that the people interviewed are representative of the larger group. That means the responses of those interviewed can reflect responses of many more people.

C. Spread information

Lack of information about a public health program was cited as a problem by three different sources: the California Health Survey (referring specifically to WIC); in the ISER focus groups participants had a limited understanding of public health programs for low-income people; and WIC clients who completed the survey believe the main reason more eligibles are not getting WIC services is because of the lack of information.

Disadvantages

All options presented have some common disadvantages.

A. Cost

The disadvantage of every option is the cost. The options we have presented are either relatively inexpensive or significantly more expensive. A ream of high-quality paper is roughly \$6.35; design and layout by a graphic artist can cost up to \$1,000; having brochures printed may be less expensive, as well as more attractive, than using staff time for copying; staff time is the major cost for most of the options and this depends upon staff availability as well.

B. Staff Time

Every option will require some amount of staff time; time that might normally be spent helping clients is instead spent at an informational display at the Dimond Mall. Regardless of what activity staff are involved in, clients will still need advice and assistance – it is the location of where this advice is given that will change. If a contractor is hired to provide additional support to existing WIC staff, this will require training by existing staff which means an investment of their time. In addition, staff will need to support the effort or there will be incorrect, incomplete, or missing information.

C. Assumptions

The outreach efforts or activities are based on assumptions about those who are eligible and have not applied for WIC. The reasons survey participants thought the eligible did not apply, were again based on the participants' assumptions; although they had gone through the decision process themselves and are likely to have informed insights. The content and layout of brochures, flyers, letters, and outreach efforts are based on suppositions about those who are eligible, what they would find appealing, and how to reach them. Because members of focus groups aren't scientifically selected, information gained from focus groups with other parents may be different.

The recommended plan

The recommended plan to increase WIC participation is to start small with less costly activities and to then go on to activities that require more time and funding (unless a major funding opportunity arises). The key is documenting the results of the different activities so future decisions can be based on data showing the effectiveness of each method.

While starting with less costly plans, the activities will still require time and work by the WIC grantees' staff. These grantees already appear to be making dedicated efforts to increase enrollment---based on their own reports—but this process would require them to document their specific activities and the resulting enrollment to determine the effectiveness of different approaches. The process is not new, it is a continuation of current outreach efforts, but would target specific sectors or locations and monitor the results. Then grantees would know how many enrollees come from which activity and, thus, everyone would know which were more successful. Additionally, the cost per new client could be calculated, so in the future anytime additional funds were available the most efficient use of those funds would be available.

We recommend implementation in phases; Using the Options for Outreach Activities listed on page 26, grantees would focus on one option and monitor subsequent enrollment. So, for example, the grantee might start by focusing on medical facilities in South Anchorage and attempt to visit each one; educate all staff; distribute brochures; and seek permission to leave brochures. The advantage of having staff visit is that they are familiar with the program and can answer questions, while less expensive or temporary staff are not likely to have the knowledge base. It is also important to choose people for outreach who have an appropriate personality; some people are uncomfortable going into a new situation and meeting strangers.

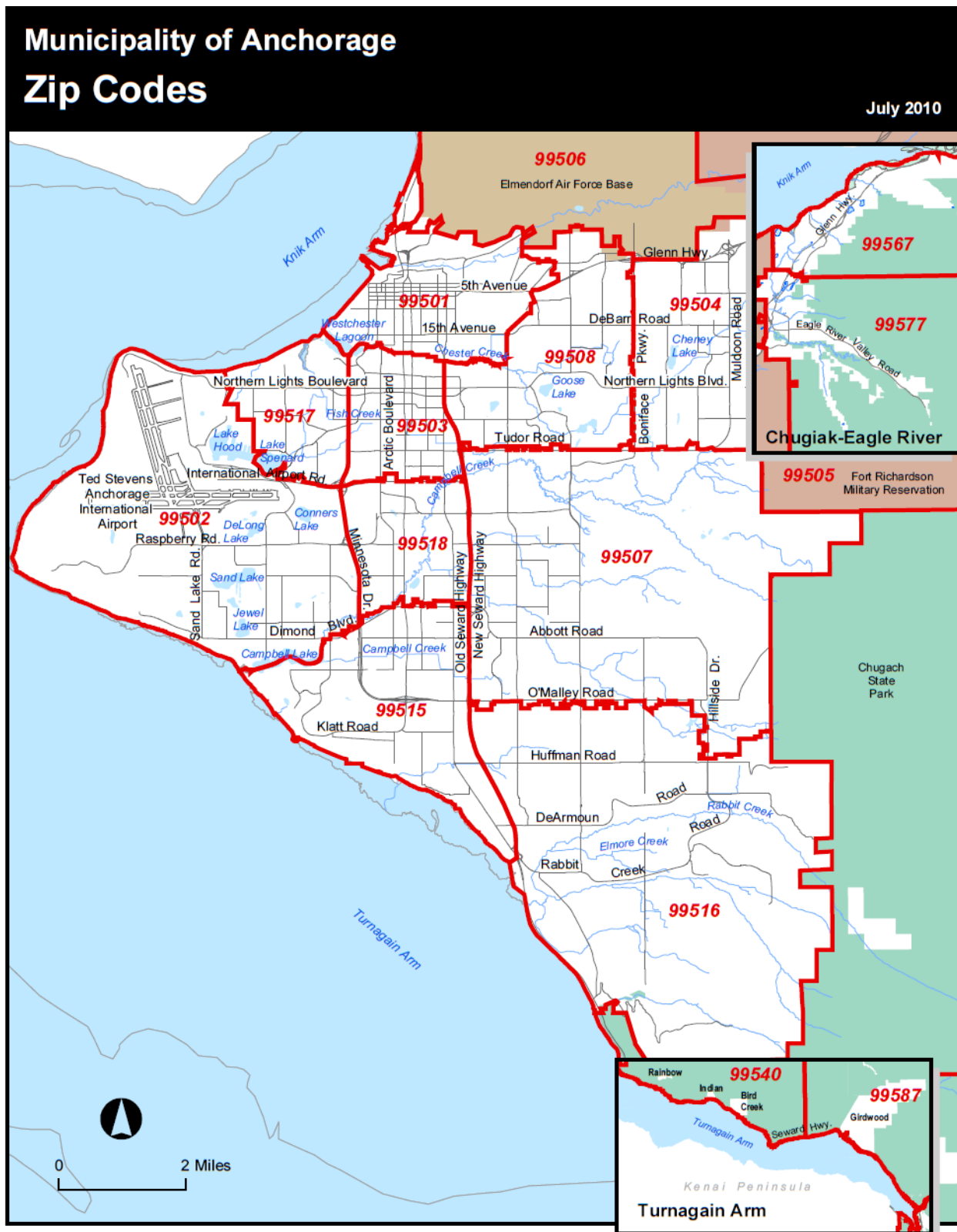
At the same time intake staff would begin monitoring new enrollees. If the new client is from a South Anchorage zip code, the intake staff would record how and where the client learned about the program. There would be a period of approximately two months before another outreach activity could be initiated. Intake staff would continuously record information from new enrollees, not stopping when one outreach effort ended. Using this method, grantees would develop the data to monitor the results of different outreach efforts and decisions could be made on the results of specific efforts. The obvious expense in this plan is the labor required to visit the medical facilities as well as the intake staff's time to enroll new individuals and ask questions on how the person learned about the program. The keys to understanding the results of each activity are knowing the date the outreach activity began and faithfully recording how each new enrollee learned about the program.

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Component D: Prepare a report outlining the needs, location options identified by current participants, and alternative strategies for delivery of WIC services.

This component has been addressed in previous sections of this report.

Appendix A- Map of Anchorage Zip Codes



Appendix B- Map of Areas Most Used and Desired Locations



Appendix C – Survey Methodology

Survey Procedures

Questionnaire design

ISER and WIC designed the questionnaire and ISER pretested it for clarity, logic and flow of the questions, and the length of time it required. Based on the results of the pretests, we made revisions to the questionnaire and again gave it to the WIC team for review. After their review we submitted the questionnaire and all other materials to UAA's Institutional Review Board (IRB). All research that systematically collects information on humans must be reviewed to ensure that human subjects' rights are protected. Individuals must be told of their rights as research subjects and agree to participate. The IRB recommended changes in the informed consent section (the first three paragraphs of the questionnaire) ISER submitted and in the flyer; we agreed with their recommendations and made those changes.

Administration

The questionnaire was to be distributed from mid-May to mid-August. Originally, three clinics distributed the questionnaire: the Alaska Native Medical Center clinic on Diplomacy Drive, the L Street clinic, and the one in Providence Health Center. The Providence Clinic closed during the data collection period and many of those clients transferred to L Street. The increased number of clients and fewer intake staff meant that the L Street Clinic was overloaded and stopped distributing the questionnaire. The three-month distribution period would have been sufficient time for all 1,379 SA clients to come through a clinic. A total of 98 adults completed the questionnaire and they represented 140 children. Combining the two numbers means 213 clients were covered by the survey which is 15% of all SA clients. If we were trying to achieve a representative sample, 15% would not meet survey research standards. Since this was exploratory research, a scientifically-representative sample was not the purpose; we are satisfied that there are sufficient data to explore the variety of areas, stores, and locations for a clinic have been obtained.

Requirements to participate

The person completing the questionnaire had to be at least 18 and live in South Anchorage. Upon entering the clinic, the client came to the front desk and intake staff checked the client's zip code to see if the client lived in a South Anchorage zip code. If the client was a SA resident, the client was read item #2 from the "Instructions for Distributing the South Anchorage Survey" (Appendix E). *"The WIC program is thinking about having a clinic in South Anchorage. We would like to know how you feel about this by answering the nine questions on this survey."* The client was then given a questionnaire packet. The packet contained:

- 1 questionnaire double-sided on white paper (the consent form was at the beginning of the questionnaire)
- 1 copy of the consent form on yellow paper for the client to keep
- 1 receipt for bread form on green paper
- 1 envelope addressed to ISER for the client to put their completed questionnaire in and seal it shut. This was to ensure the confidentiality of the client's responses
- A pencil to complete the questionnaire.

Appendix C – Survey Methodology (cont.)

Administration

An explanation of the project, their rights as a subject in a research project, and instructions were at the top of the questionnaire. The client could choose to complete or not complete the questionnaire, put it in the envelope, and return to the front desk. WIC staff would give the client a coupon for a loaf of bread, the client would sign the green form acknowledging receipt of the coupon, put it in the envelope containing the questionnaire, seal it, and place it in the box.

How Do You Feel About a WIC Clinic in South Anchorage?

The WIC program is thinking about having a clinic in South Anchorage. The people at WIC want to know if you would use this clinic and where you would like it to be. That is why the University is running this survey. To participate, you must be over the age of 18 and live in one of the following zip codes: 99502, 99507, 99515, 99516, 99518, 99540, or 99587.

You can choose to answer these questions or not. You may stop at any time and you can skip a question if you don't want to answer it. If you choose to answer these questions, no one at WIC will see your answers. Your WIC warrants will not be changed by how you answer, or if you answer these questions. It will take about 8 minutes to answer the questions.

The survey does not ask for your name. There is nothing on this to let us know who you are. To thank you for your help, you will get a card for a free loaf of bread from Great Harvest Bakery. If you have questions about this study, call Virgene Hanna, at the University of Alaska Anchorage, 786-5431. If you have questions about your rights as a member of the study, call Dr. Claudia Lampman, at the University of Alaska Anchorage, at 786-1099.

☐ **Checking this box means that you have read this and are choosing to join this study.**

1. If there was a WIC clinic in South Anchorage, would you go there?

☐ Yes → please explain _____

☐ No → please explain _____ **Go to question 7**

☐ Don't know or depends → please explain _____

2. If there was a WIC clinic in South Anchorage, would you need it to be near a bus stop?

☐ Yes ☐ No ☐ Not sure

3. If a WIC clinic opened in South Anchorage, where would you like it to be?

4. Another way to have a WIC clinic in South Anchorage would be to have it inside a recreational vehicle (R.V.) that would have a schedule to be at certain locations at certain times. Sometimes it might be closer to where you live, work, or shop and at other times, farther away. If there was a WIC clinic in an R.V., do you think you would go to it?

☐ Yes → please explain _____

☐ No → please explain _____

☐ Unsure → please explain _____

5. When you shop with your WIC warrants or Fruit and Vegetable Vouchers in South Anchorage, what stores do you go to most often? Please list the store and street, for example: Wal-Mart on Old Seward, Carrs on Huffman, or Fred Meyer on Abbot.

▪ _____ ▪ _____
▪ _____ ▪ _____

TURN PAGE OVER

6. In South Anchorage, what places do you go most often? For example: Head Start, church on Abbot, Gladys Wood Elementary, Dimond Mall, the laundromat on Huffman.

▪ _____

▪ _____

▪ _____

▪ _____

7. Today, are you getting WIC services for [check only **one** box].

☐ Yourself only?

☐ Yourself and a child or children? How many children? → 1, 2, 3, 4, 5, _____

☐ Someone else: A child or children? ___No ___Yes→ How many children? 1, 2, 3, 4, 5, _____
A mom? ___No ___Yes

8. Please check the box for your home zip code:

☐ 99502 ☐ 99507 ☐ 99515 ☐ 99516 ☐ 99518 ☐ 99540 ☐ 99587

9. There are people who could be getting WIC services, but they don't. What do you think are the main reasons why they don't?

1. _____

2. _____

3. _____

Thank you for your time and help!

- 1. Please put this survey in the envelope, seal the envelope and put the envelope in the box.**
- 2. Sign the green paper that says you have the card for the bread.**
- 3. Please give the signed green paper to the person at the front desk.**
- 4. The person at the front desk will give you a card for the bread.**
- 5. The yellow copy of the consent form is for you to keep.**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326, W. Whitten Building, 1400 Independence Ave SW, Washington, DC 90250

Appendix E- Copy of Consent Form for Respondent

THIS COPY OF THE CONSENT FORM IS FOR YOU TO KEEP

The WIC program is thinking about having a clinic in South Anchorage. The people at WIC want to know if you would use this clinic and where you would like it to be. That is why the University is running this survey. To participate, you must be over the age of 18 and live in one of the following zip codes: 99502, 99507, 99515, 99516, 99518, 99540, or 99587.

You can choose to answer these questions or not. You may stop at any time and you can skip a question if you don't want to answer it. If you choose to answer these questions, no one at WIC will see your answers. Your WIC warrants will not be changed by how you answer, or if you answer these questions. It will take about 8 minutes to answer the questions.

The survey does not ask for your name. There is nothing on this to let us know who you are. To thank you for your help, you will get a card for a free loaf of bread from Great Harvest Bakery. If you have questions about this study, call Virgene Hanna, at the University of Alaska Anchorage, 786-5431. If you have questions about your rights as a member of the study, call Dr. Claudia Lampman, at the University of Alaska Anchorage, at 786-1099.

WIC SOUTH ANCHORAGE SURVEY

I HAVE RECEIVED A COUPON FOR A FREE LOAF OF BREAD FROM GREAT HARVEST BREAD COMPANY.

Bread coupon number

Name

Date

Instructions for Distributing the South Anchorage Survey

- 1. Please make sure the client is from South Anchorage (99502, 99507, 99515, 99516, 99518, 99540, and 99587).**
 - If the client is an infant or child, please ask the adult to complete the survey.
 - If the person in front of you is designated to pick up a warrant for a client (alternate) from South Anchorage, please ask the alternate to complete the survey.
 - Even if the person in your office is only picking up a warrant, we still want that person to complete a survey.
- 2. Tell the client/alternate:**

“The WIC program is thinking about having a clinic in South Anchorage. We would like to know how you feel about this by answering the nine questions on this survey.”
- 3. Give the client a clipped packet and a pencil. The packet contains:**
 - A copy of the consent form on yellow paper (Explains purpose of the survey & client’s rights)
 - The survey on white paper (Client completes)
 - A receipt for receiving the bread on green paper (The client will get a free loaf of bread for filling out the survey. Client/Alternate signs stating they got a coupon to pick up the bread)
 - UAA envelope for the completed survey.
- 4. The client should complete the white survey, put it in the envelope, seal the envelope, and put it in the box we’ve given you.**
- 5. The client will give you the green paper they signed.**

6. Write the number of the bread coupon on the green paper.
7. Give the bread coupon to the client.
8. The client keeps the yellow paper.
9. Put the green-signed receipt in the envelope that says “bread receipts.”
10. Please don’t check to see if the client completed the questions. On the survey I’ve told them that no one from WIC will see their answers.
11. If you have any questions, or you’re running out of packets (I hope) feel free to call me: Virgene Hanna 786-5431.

I know you are already very busy and I really appreciate your help. Thank you. Virgene

A WIC Clinic in South Anchorage?

What do you think?

Answer 10 questions and get a card for a free loaf of Great Harvest bread!

You can take part if:

- **The person who gets WIC lives in one of these zip codes:**

99502 99507 99515 99516 99518 99540 99587

- **You can answer for a child, if the child gets WIC services**
- **You are 18 or older**

There are no right or wrong answers, only your thoughts and ideas.

Your Ideas Count!

If you or a child lives in South Anchorage, you may be given a survey.

Appendix I-ISER Instructions-Take to each clinic:

Each WIC packet includes:

- 1 double-sided questionnaire on white paper
- 1 copy of the consent form on yellow paper
- 1 copy of the receipt for bread form on green paper
- 1 ISER business size envelope

These four items are clipped together.

Each of the WIC clinics should receive:

- 100 of the WIC packets
- 100 bread coupons (these need to be numbered)
- A receipt form for the person at front desk/manager to sign that says he/she received 100 bread coupons numbered X through x.
- A box of sharpened pencils
- 1 mail box that says, "South Anchorage Surveys" (these mail boxes need to be made—I was thinking of a box about the size that our envelopes come in with a hole cut in the top. The hole needs to be large enough for the envelope to fit through. The box size isn't a big deal, whatever we happen to have on hand.
- A color copy of the flyer
- List of South Anchorage zip codes
- Instructions for intake person